

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 8 3053392

Print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

Continental Heat Treating
10643 Norwalk Blvd.
Santa Fe Springs, CA 90670

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

Acto Kleen
7869 Paramount Blvd.
Pico Rivera, CA 90660

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

same as transporter #1

AREA CODE/PHONE NUMBER

213 723-5111

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT NO. M

PERCHLOROETHYLENE WASTER

UN 18 9 7 00 600

0 3 6 14

2 11 14

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PR

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

MO.
9DAY
26YE
83
☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Richard Lipton

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTEDMO.
9DAY
26YE
83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YE

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD/F must complete waste number. See instructions.

Delores Decker

Printed or typed full name and signature

EPA ID NUMBER

C A D 096 6 3 17 1 9

DATE RECEIVED & ACCEPTED

MO.

DAY

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER **83053392**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

**Continental Heat Treating
10643 Norwalk Blvd.
Santa Fe Springs, CA 90670**

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

**Acto Kleen
7869 Paramount Blvd.
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TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

same as transporter #1

AREA CODE/PHONE NUMBER

213 723-5111

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO.

DISP.
METH.

PERCHLORETHYLENE WASTER

UN 18 9 7

600

14

2 11 14

14

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

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Printed or typed full name and signature

MO. DAY YR.
9 26 83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Richard Lipton

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
9 26 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
9 26 83

DISCREPANCY INDICATION SPACE

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DATE RECEIVED & ACCEPTED

Delores Decker

Printed or typed full name and signature

EPA ID NUMBER

MO. DAY YR.
9 26 83

CAD 095631719

TSD SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street
Sacramento, CA 95814STATE ID NUMBER **83053392**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS Continental Heat Treating 10643 Norwalk Blvd. Santa Fe Springs, CA 90670 AREA CODE/PHONE NUMBER		MANIFEST DOCUMENT NUMBER		EPA ID NUMBER		
TRANSPORTER NO. 1 Acto Kleen 7869 Paramount Blvd. Pico Rivera, CA 90660		VEH./CONTAINER NO. CAD 0538296		EPA ID NUMBER CAD 095621719		
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		VEH./CONTAINER NO. 051200		EPA ID NUMBER XXXXXXXXXXXX		
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY same as transporter #1 AREA CODE/PHONE NUMBER 213 723-5111		EPA ID NUMBER CAD 085631719				
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT NO.	DISP. METH.
PERCHLORETHYLENE WASTER	UN 1897	00 600		0514	211	14
COMPONENTS			CONC. RANGE UPPER LOWER		UNITS % PPM	
SPECIAL HANDLING INSTRUCTIONS						
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.						
Printed or typed full name and signature <i>Charles Soto</i>			MO. 9	DAY 26	YR. 83	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets						
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Richard Lipton Printed or typed full name and signature <i>Richard Lipton</i>			DATE REC'D & ACCEPTED	MO. 9	DAY 26	YR. 83
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES			DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature						
DISCREPANCY INDICATION SPACE						
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. Delores Decker Printed or typed full name and signature			EPA ID NUMBER CAD 095631719	DATE RECEIVED & ACC'D MO. DAY		